

GAMP COMMUNITY CLINIC REFERRAL AUTHORIZATION

Primary Clinic

Please include the name of your clinic here.

Today's Date: _____

Clinic's Phone No: _____

Clinic's FAX: _____

Primary Clinics complete Parts A & B, then fax the form to GAMP UR along with supporting medical notes. GAMP UR staff will respond within 3 days of receiving the request for authorization, during which the clinic may access GAMP's website for the authorization number, good for 6 months while the client remains GAMP eligible. It is the clinic's responsibility to notify the specialist's office of this authorization and the services being authorized.

A. GAMP Eligibility (To be completed by Clinic)

Patient Last Name: _____

Patient First Name: _____

D.O.B. _____

GAMP effective Date
From: _____

B. Referring Physician's Statement

Physician's Signature: _____

Specialty requested: ☐cardiology ☐dermatology ☐endocrine ☐ENT

☐hematology ☐hem/oncology ☐hepatology ☐infectious disease

☐oncology ☐ophthalmology ☐orthopedics ☐pain mgmt ☐physical therapy ☐podiatry ☐P

☐radiation oncology ☐rheumatology ☐spine care ☐sports med/ortho ☐surgery, general ☐su

☐surgery, neuro ☐TES ☐urology ☐wound other: _____

Send Pertinent Clinical Data Required, i.e. Progress Notes/Diagnostic Reports

C. Consultant's Disposition

This patient was seen in (Clinic) _____

On (dates) _____

Phone: _____

Patient seen by (Physician Name) _____

FAX#: _____

Provider Tax ID# _____

Specialty provided: _____

D. Authorization (GAMP use only)

Specialty Clinic Consultation: This patient is authorized for a maximum of _____
(Clinic) _____ Auth. _____

Outpatient Procedure: _____

at _____

Auth #: P _____

Elective Inpatient Admission: _____

at _____

Auth#: H _____

Outpatient Therapy: _____

at _____

Auth#: T _____

- ☐ Send Medical/Progress Notes
- ☐ Referred to GAMP Medical Consultant
- ☐ Request Denied
- ☐ Request is not a covered benefit
- ☐ Return to PCP for Continued care

- ☐ Request is not a covered benefit
- ☐ No GAMP authorization needed for this request
- ☐ Notes are illegible (please refax)
- ☐ Notes do not support this request
- ☐ Conservative medical intervention must be tried first

Issuance of number indicates medical necessity, and does not necessarily guarantee payment of services.

FAX form to (414) 289-8516 Utilization Management : Telephone # 289-6731

form updated 2/2008

If the request comes directly from a specialist, then GAMP will fax the authorization to the fax number listed on part C. Specialists complete parts A & C.

Specialists are asked to include their tax ID. At times GAMP may also ask a specialist for the CPT codes they may be using.

Any deviation from the norm will be clarified in writing and faxed to the provider requesting the authorization.